

Keeping Standards High
Helping Students Reach Them



Tri-City College Prep High School
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For Office Use

Date Received: _____
Time: _____
Office Initials: _____
Date Attended Orientation: _____
Revised January 7, 2016

TRI-CITY COLLEGE PREP HIGH SCHOOL REGISTRATION FORM

PLEASE PRINT

Applying for the school year:

PRIMARY DATA

Student Full Legal Name:	Grade level you are registering for: <input type="text"/>
Last: _____ First: _____ Middle: _____ Preferred: _____	
Ethnic Group: <i>For statistical information only. TCP does not discriminate with respect to admissions or employment.</i>	
One of the following options must be chosen. <i>Is this student Hispanic/Latino? (Choose only one)</i> <input type="checkbox"/> No, not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino <i>(A person who is Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)</i>	
What is the student's race? <i>(Choose one or more)</i> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
Birth City: _____ Birth State: _____ Birth County: _____ Birth Date: _____	
Sex: _____ Social Security Number: _____ E-Mail: _____	

PHONES AND ADDRESSES (Parent/Guardian Information)

(LEGAL CUSTODY #1):					
Last Name: _____	First Name: _____	Middle Name: _____			
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Relationship to student (Mother? Father? Guardian? etc.): _____				
Mailing Address:	Number _____	Street _____	City _____	State _____	Zip _____
Residence Address:	Number _____	Street _____	City _____	State _____	Zip _____
Cell Phone _____	Home Phone _____	Work Phone _____	E-mail Address _____	Employer _____	

(LEGAL CUSTODY #2):					
Last Name: _____	First Name: _____	Middle Name: _____			
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Relationship to student (Mother? Father? Guardian? etc.): _____				
Mailing Address:	Number _____	Street _____	City _____	State _____	Zip _____
Residence Address:	Number _____	Street _____	City _____	State _____	Zip _____
Cell Phone _____	Home Phone _____	Work Phone _____	E-mail Address _____	Employer _____	

EDUCATIONAL BACKGROUND

I understand TCP is a college preparatory high school that demands rigorous, high-quality work.

Parent Signature

Student Signature

Please list current, previous and correspondence schools attended:

Name of School: _____ **Phone:** _____ **Current Grade:** _____

Street Address: _____ **City:** _____ **State:** _____

Name of School: _____ **Phone:** _____ **Highest Grade Completed:** _____

Street Address: _____ **City:** _____ **State:** _____

Has the student ever been in Special Education Classes? YES NO

If yes, what was the category & service type? _____

If no, skip next question.

Is the Student currently in Special Ed? YES NO

If yes, attach current IEP

If no, date signed out _____

Does the Student currently have a 504 Plan? YES NO

If yes, attach current 504 Plan

Has the student ever been in a **Gifted** or **Honors** Program? YES NO

If yes, explain _____

Has the student ever been expelled/suspended from school? **Date:** _____ YES NO

If yes, explain: _____

Has the student any pending disciplinary action from their previous school of attendance? YES NO

If yes, please explain: _____

Sports:

List any sports in which you have participated. _____

List any clubs or organizations with which you have been involved. _____

List any Community Service you have done. _____

List any awards or recognition you have received. _____

EMERGENCY INFORMATION

Student Name: _____

Doctor Name: _____ **Phone:** _____

If parent/guardian cannot be contacted;

Person to call in case of injury or sudden illness: _____

Relationship to Student: _____ **Phone:** _____

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. I understand that the expense of this service will be accepted by me.

Insurance Company: _____

Parent Signature

Date

STUDENT HEALTH HISTORY

Students Name: _____

Please indicate whether your child has ever had or now has any of the following conditions:

	Yes	No	Date		Yes	No	Date
Allergy				Joint Pain			
Anemia				Kidney Trouble			
Ankle injury				Knee Injury/Surgery			
Arthritis				Knocked Out			
Asthma				Loss of Conscious.			
Back Pain				Menstrual Cramps			
Concussion				Migraine Headaches			
Diabetes				Mononucleosis			
Eczema				Neck injury			
Elbow Injury				Rheumatic Fever			
Emotional Problems				Scoliosis			
Epilepsy (seizures)				Spine Injury			
Fainting				Sinus Trouble			
Fractures				Sore Throat (chronic)			
Hearing Trouble				Sprains/Dislocations			
Heart Murmur				Tuberculosis			
Hepatitis				Valley Fever			
Hernia (rupture)				Wrist Injury			
Hives				Other			

Operations? _____

	Nature of Operation	Year	Nature of Operation	Year
Allergies?	Yes? No?	If yes, please list: _____		
Taking Any Medications?	Yes? No?	If yes, please list: _____		

Additional information: _____

I understand that Tri-City College Prep is a drug free high school. Students must refrain from using alcohol, tobacco or illegal drugs 24 hours a day, 365 days a year. Failure to do so will mean dismissal from the school. I will abide by this policy at all times.

Parent Signature

Date

Student Signature

Date



State of Arizona
Department of Education
English Acquisition Services

Tom Horne
Superintendent of
Public Instruction

These questions are in compliance with R7-2-306 from the Board Rules.

PHLOTE -Primary Home Language Other Than English
HOME LANGUAGE SURVEY

Responses to these statements will be used to determine whether your child will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language spoken by the student? _____
2. What is the language most often spoken by the student? _____
3. What is the language that the student first acquired? _____

Student Name: _____ Student I.D.: _____

Date of Birth: _____ SAIS I.D.: _____

Parent/Guardian Signature: _____ Date: _____

District: Mary Ellen Halvorson Educational Foundation School: Tri-City College Prep High School

Districts can add data information and/or additional questions here if desired.

Please provide a copy of the Home Language Survey to the ELL Coordinator on site.
1535 West Jefferson, Phoenix, Arizona 85007 • 602-542-4361 • www.ade.az.gov
In SAIS, please indicate the student's home or primary language.

STUDENT / PARENT SIGNATURE PAGE

The student handbook describes important information about TCP. I understand that I should consult the Principal regarding any questions not answered in the handbook.

You may download a copy of the student handbook from the school website (www.tricityprep.org).

Since the information and policies described are subject to change, I acknowledge that revisions to the handbook may occur. All such changes will be communicated through official notices and I understand that revised information may supersede, modify or eliminate existing policies.

I understand that it is my responsibility to read and comply with the policies contained in the student handbook and any revisions made to it. I have read and understand the policies. Please initial the areas below and return this page to the office. Thank you.

Student/Parent (Both Must Initial)

- _____ _____ Administering Medicines to Students
- _____ _____ Approved School Attire
- _____ _____ Attendance Policy
- _____ _____ Student Safety – Weapons Including Pocket Knives
- _____ _____ Right to Search
- _____ _____ Drug Free Zone
- _____ _____ Computer/Internet Policy/Agreement
- _____ _____ Cell Phone Restrictions
- _____ _____ Plagiarism Policy
- _____ _____ All Other Policies in Handbook
- _____ _____ Photo Release **(Please check one)**
 You **may** **may not** use any pictures of my student for press release.
- _____ _____ Release of student contact information for military, school directory and/or scholarships
(Please check one)
 You **may** **may not** release information on my student

PARENT SERVICE REQUEST

STUDENT / PARENT DATA

Please list any services you would like the school to be aware of **or** that you are requesting: Please provide current documentation if applicable.

- _____ ELL
- _____ Special Ed
- _____ 504
- _____ Screening
- _____ Homeless
- _____ Early Child intervention referral
- _____ Medical conditions that require services

Address: _____

Home Phone: _____

Work Phone Father: _____

Work Phone Mother: _____

Cell Phone Father: _____

Cell Phone Mother: _____

Legal Guardian(s) Father - Yes No

Mother - Yes No

Grandparent - Yes No

Lives With: Father - Yes No

Mother - Yes No

Grandparent - Yes No

People authorized to pick up student from school:

STUDENT/S NAME (printed): _____ STUDENT'S SIGNATURE: _____ Date: _____

PARENT'S NAME (printed): _____ PARENT'S SIGNATURE: _____ Date: _____



**Arizona Department of Education
Arizona Residency Documentation Form**

Student: _____ School: Tri-City College Prep High School

School District or Charter Holder: Mary Ellen Halvorson Educational Foundation

Parent/Legal Guardian: _____

As the Parent/Legal Guardian of the Student, I attest that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

- _____ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- _____ Valid U.S. Passport
- _____ Real estate deed or mortgage documents
- _____ Property tax bill
- _____ Residential lease or rental agreement
- _____ Water, electric, gas, cable, or phone bill
- _____ Bank or credit card statement
- _____ W-2 wage statement
- _____ Payroll stub
- _____ Certificate of tribal enrollment or other identification issued by a recognized Indian tribe that contains an Arizona address.
- _____ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

_____ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

Signature of Parent/Legal Guardian

Date

REGISTRATION CHECKLIST

Name: _____ Grade Entering: _____

- Registration Form filled out entirely (Governing School Board Requirement)
- Home Language Survey (Arizona State Statute requirement)
- E-Rate Household Survey
- Student/Parent Signature Page signed & initialed by both student and guardian agreeing to follow the student handbook guidelines & school policies (Governing School Board Requirement)
- Immunization/Vaccinations or Exemption form up-to-date (Arizona State Statute Requirement)
- Birth Certificate or Passport (Arizona State Statute Requirement)
- Proof of guardianship court documents, custody papers etc. (Arizona State Statute Requirement)
- Discloser of special education (Arizona State Statute Requirement)
- Discloser of 504 Plan (Governing School Board Requirement)
- Withdrawal form from previous instate public/charter high school (Arizona State Statute Requirement)
- Is student homeless – student/parent signature page (Federal and Arizona State Statute Requirement)
- Transcripts from previous high school(s) if applicable. Student will enter TCP as a freshman if not supplied (Governing School Board Requirement)
- Parent/Guardian attend a freshman orientation meeting Date Attended: _____
- Identification of parent/guardian (photo copy for records) (Governing School Board Requirement)
- Was student expelled/suspended or have pending disciplinary action from previous school? Due to previous disciplinary actions, did student get permission from TCP's governing board to attend Tri-City College Prep? Y/N Date of Board Meeting: _____

Failure to complete items on the above checklist may result in the student's registration being rejected, delayed, sent to the end of the waiting list, and/or not included in lotteries for TCP admittance.